# **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

**Facility Name: MORNING SUN CARE HOME (110147)** 

Address: N4166 CTY E, BRODHEAD, WI 53520

**License Status: REGULAR** 

Licensed/Certified/Registered 12/31/1992

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History** 

Survey ID: 0095029 End Date: 05/19/2005 Type: STANDARD Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008230 Served 06/11/2005

Deficiencies Cited Subject Area Corrected 83.21(4)(u) LEAST RESTRICTIVE CONDITIONS

83.42(3)(f) SLEEPING HOURS EVACUATION DRILL 83.43(3)(b)2 TESTING OF SMOKE DETECTORS

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Survey ID: 0091469 End Date: 10/21/2003 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007893 Served 11/06/2003

		<u>Compliance</u>	
<b>Deficiencies Cited</b>	Subject Area	<u>Verified</u>	Corrected
83.11(3)(a)	RESPONSIBILITIES	05/19/2005	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	05/19/2005	Yes
83.21(4)(j)	LABOR	05/19/2005	Yes
83.32(2)(b)	DEVELOPMENT	05/19/2005	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	05/19/2005	Yes
83.33(4)(b)	INDEPENDENT LIVING SKILLS	05/19/2005	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	05/19/2005	Yes
83.35(3)(a)	MENU PLANNING	05/19/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0091107 End Date: 09/10/2003 Type: OTHER Purpose: SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007860 Served 10/07/2003

	0,0,1,2000		
		<u>Compliance</u>	
<b>Deficiencies Cited</b>	Subject Area	<u>Veri fied</u>	Corrected
83.11(3)(a)	RESPONSIBILITIES	05/19/2005	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	05/19/2005	Yes
83.14(3)(a)	NOT SUPERVISED BY RN OR PHARMACIST	10/21/2003	Yes
83.14(8)	DOCUMENTATION	10/21/2003	Yes
83.15(2)(a)	WRITTEN STAFFING SCHEDULE	10/21/2003	Yes
83.21(2)(c)	COPIES OF RESIDENT RIGHTS IN FACILITY	10/21/2003	Yes
83.21(4)(j)	LABOR	05/19/2005	Yes
83.21(4)(r)	TREATMENT CHOICE	10/21/2003	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	10/21/2003	Yes
83.32(2)(a)1	PHYSICAL HEALTH	10/21/2003	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	05/19/2005	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	10/21/2003	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	10/21/2003	Yes
83.33(4)(b)	INDEPENDENT LIVING SKILLS	05/19/2005	Yes
83.35(1)(f)	FOOD GUIDE PYRAMID	10/21/2003	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	05/19/2005	Yes
83.35(3)(a)	MENU PLANNING	05/19/2005	Yes

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### **Enforcement History**

Date: 06/09/2005 SOD #10008230 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(u)

Date: 11/04/2003 SOD #10007893 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

FORFEITURE---83.11(3)(a)

FORFEITURE---83.21(4)(j)

FORFEITURE---83.32(2)(b) & 83.32(3)

FORFEITURE---83.33(4)(b)

FORFEITURE---83.35(2) & 83.35(3)(a)

Date: 10/03/2003 SOD #10007860 Appealed: No

Sanctions

OTHER SANCTION

FORFEITURE---83.14(1)(a)3 2nd citation

FORFEITURE---83.14(3)(a)

FORFEITURE---83.21(4)(j)

FORFEITURE---83.21(4)(r) 2nd citation

FORFEITURE---83.21(4)(u) 2nd citation

FORFEITURE---83.32(2)(a)1 4th citation

FORFEITURE---83.32(3) 3rd citation

FORFEITURE---83.33(2)(g)3 2nd citation

FORFEITURE---83.33(3)(a)1 3rd citation

FORFEITURE---83.33(4)(b) 2nd citation

FORFEITURE---83.35(3)(a) 2nd citation

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